

CASE PRESENTATION (4)



By

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HISTORY

- 48 M, a known case of CKD stage 3, HTN
- Referred 45 days ago from (ALMANA general hospitals,KSA) with the following report :

Report summary

The condition started 1 month prior to referral with

C/O: Acute abdominal pain

Exam and invest. revealed :

- ❑ AKI on top of CKD (**creat:6mg/dl**), hyperkalemia (**k:6.9 meq/l**)
- ❑ Intestinal obstruction: (CT with **contrast** – colonoscopic biopsy)
 - ✓ Infiltr. Moderately diff. sigmoid adenocarc
 - ✓ Perirectal mass
- ❑ Malignant hepatic lesion
- ❑ Sepsis

Managemet: ICU admission, HD session, TPN , NPO

Report summary contd,

10 days later >> septic shock (?? pulm)

Manag.: Antibiotic combination (**Tienam, Vancomycin, Amikacin**) + antifungal (Caspofungin)

3 days after >> RT LL DVT >> heparin infus. >> melena

Manag.: **IVC filter** + LMWH (prophylactic dose)

7days later >> acute diarrhea

Diagnosis: **pseudomembranous colitis** (sigmoidoscopy)

Manag.: stop Ab, continue antifungal + IVIG for 3 days

NO RESPONSE >> **Diverting ileostomy + colon rest + vancomycin instillation into colon**

Examination on Admission (MUH)

- Patient appeared toxic , ill.
- Vital signs
BP :90/60 – **HR** :110/min – **RR**:18/min – **Temp** 39
- Moderate dehydration.
- Chest: harsh vesicular sound.
- Abdomen: Lt iliac tenderness- skin erosions at ileostomy opening.
- GCS:15

Investigation on Admission

- **CBC** : WBCs:9.4, Hb:10.9 g/dl, Plt: 246
- **Creat**: 4mg/dl.
- **LFTs** : Albumin:2.8 mg/dl –enzymes, bilirubin: average.
- **Urine analysis**:
pus cell:35,RBCs:30,uric acid:+++,granular cast.
- **Uric acid** : 12.2 mg/dl
- **ABG**:PH:7.4 - HCO₃:20.9 – CO₂:31.5
- **Na**:146 meq/l – **K**:3.3 meq/l
- **Ca**: 8.5
- Blood culture : no growth.

Management (MUH)

- ❑ **Hospital admission** (45 days ago) for:
 - AKI on top of CKD
 - Moderate dehydration
 - Possibility of starting chemotherapy
- ❑ **Plan:** Conservative
 - Fluid balance
 - Avoidance of nephrotoxic agents
 - Antioxidants
 - **Rasburicase** for hyperuricemia



Reached basal creatinine level (2mg/dl) 3 weeks after admission

Management contd,

- ❑ **Chemotherapy** (Folfox 4 protocol) with modified doses (75%)

Oxaliplatin – leucovorine – 5 Flurouracil

With planned 6-12 cycles (one cycle/2 Wks)

- ❑ **Discharge** after 1st cycle with creat (2mg/dl).

2nd admission

- **10 days after discharge**, the patient came with:

C/O: Persistent vomiting, diarrhea

Exam.:

- Dehydration
- Extensive skin infection around ileostomy site, perineal (fungal)

Lab:

Creat : 8 mg/dl

Compensated metabolic acidosis

Hypokalemia

Hypomagnesemia

Hypocalcemia

UTI

□ In following 3 days

- ❖ Rising creat level despite fluid replac. (10mg/dl)
- ❖ Persistent hypokalemia



one HD session



ICU (fluid + K suppl. + broad spectrum antibiotics).



gradual improvement of his kidney function but with persistant hypokalemia.



Persistant hypokalemia

2nd Chemotherapy cycle

